MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
51							
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94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	5						
TOTAL DEP.	21						
TOTAL CLAIMS	26						